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the leaders of the transplant process from the apheresis clinic, outpatient center, inpatient unit, advanced practice nurse program, the business manager, and the BMT Business Center meet to discuss operational issues with the Clinical Administrative Director (CAD) and the Center Medical Director. Various operational issues across all patient care areas such as daily clinic flow, laboratory issues, patient discharge issues, and patient education are discussed. Administrative issues and progress regarding quality improvement projects are also shared. Weekly meetings encourage the communication of ideas, provide mutual understanding of each other's operations, enhance collaborative plans to improve patient care and assure follow-through of projects.

Once a month the Department Medical Chairman joins the leadership team to review financials and other pertinent operational faculty issues. The leadership team also uses this time to collaborate with other areas in the institution where the BMT patients are cared for i.e.: the leaders from the Ambulatory Treatment Center join us to discuss operational issues and Physician Referral Services have joined the team to discuss ways to improve our relationships with referring physicians. A weekly agenda and minutes are generated by the CAD and the Administrative Assistant to keep the team focused and directed. The CAD also meets individually with the managers of the inpatient unit, outpatient center, and apheresis clinic, as well as, the leaders from the business center area on a weekly to monthly basis to discuss specific unit operational and quality assurance issues as needed. Success is multifaceted. The team needs to be able to trust each other so as to negotiate issues that result in outcomes within the team that compliment the entire program. Recognizing and growing the leaders within the team is important to the dynamics of a program. Encouraging the building of relationships and creating a culture that supports the ownership of program outcomes is key to building and empowering leadership.

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TEAMBUILDING: COMPLEXITY AND CHALLENGE IN ONE OF THE LARGEST TRANSPLANT PROGRAMS IN THE COUNTRY

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The challenge of developing teambuilding in one of the largest Blood and Marrow Transplant programs in the country includes the complexity of the patient's needs, geographical vastness of the institution, and the organizational/operational needs of the program and Center. The multidisciplinary teams involved in the patient's care in the outpatient area include the center nurses, patient service coordinators, transplant clinical coordinators, patient access specialists, and patient access coordinators. The members of the outpatient transplantation team had developed relationships and silos within their own individual teams in an effort to provide care to the transplant patient. This has lead to ineffective collaboration with other team members within the center. A departmental climate survey was administered to all staff members to measure the effective teamwork amongst members. The results indicated the need for Centerwide teambuilding, in an effort to re-establish effective collaboration and trust within and between the teams.

The administrative team enlisted the services of an outside facilitator to assess, coach, and assist in developing techniques to reestablish communication and trust. Teams were introduced to the teambuilding concept in a staff meeting resulting in the establishment of team meetings. A baseline Team Effectiveness Profile was administered. Each team then participated in the following workshops; Team behavioral Styles, Team Communication, Team Conflict, and Unblocking Your Team/Managing Change.

The positive feedback from the team members led the BMT leadership team to establish additional workshops. This has lead to open communication between the teams and has provided improved collaboration in process improvement projects as evidenced by observations of daily interaction of staff members.

The next step is to reassess the effectiveness of the workshops using the Team Effectiveness Profile. The positive feedback from the staff involved led the administrative staff to continue to pursue additional workshops within cross-functional teams.

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A REVIEW OF CYTOMEGALOVIRUS INFECTIONS FOLLOWING NONMYELOABLATIVE ALLOGENEIC STEM CELL TRANSPLANTS USING CAMPATH-1H

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The first cytomegalovirus (CMV) strain was isolated in cell cultures in 1956. Since that time, there have been many studies showing that CMV is one of the most common and potentially life threatening viral infections in immunosuppressed patients. CMV disease leads to increased morbidity and mortality rates in bone marrow transplant patients. Thanks to advancing technology, testing for CMV on the DNA level has enabled us to assess viral loads and CMV reactivation prior to the onset of CMV disease. The availability of new antiviral medications has also enabled us to initiate preemptive antiviral therapy when CMV DNA is first detected. This early detection and treatment has led to a decrease in end-organ CMV disease and overall mortality from CMV related infections. Nonmyeloablative stem cell transplantation is a less toxic approach to allogeneic transplants. Using chemotherapy regimens with less acute toxicity provide the benefits of allogeneic stem cells and graft versus malignancy effect to patients who may not otherwise tolerate a full myeloablative chemotherapy regimen. This poster will review the incidence and time of onset of CMV viremia in 125 adult patients participating in a clinical trial using a nonmyeloablative preparative regimen of 2 grams Cyclophosphamide and Fludarabine along with Campath-1H for T-cell depletion of the patient and their donor. This regimen was followed by allogeneic peripheral stem cell transplant from a matched or mismatched donor. Developing a standard for antiviral prophylaxis post allogeneic stem cell transplantation provides a unique challange to our health care team and is an area that needs further research in all transplant centers.

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PATIENT SATISFACTION: DECREASING THE PATIENT "WAIT TIME" IN THE AMBULATORY CARE SETTING

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The Blood and Marrow Transplantation patient satisfaction tool provides a variety of information regarding the patient's perception of their health care and members of the health care team. The rationale for the development of this monthly patient satisfaction tool was to provide data concerning the perception of the patient regarding the quality of care, courtesy, efficiency of the staff, and general clinic operations. The patient completes the survey based on a (1-5) Likert scale. The results of this survey have demonstrated patient wait time scores with an average of 2.7 out of 5 in 2002 as the primary need for improvement.

In an effort to decrease patient wait time, a task force of staff members in collaboration with clinic administration, was formed to determine reasons for lengthy patient wait times and to develop strategies for improvement. The task force meetings provided the staff with a sense of ownership in addressing an operational issue.

The task force evaluated and revised the original survey tool, which was a combined tool for the BMT Center and Apheresis Clinic. The tool was revised to reflect one clinical area. Corrective actions developed were the standardization of distribution, revision of physician appointment templates to reflect clinic flow, development of daily comment cards, informing patient of the reason for delay, and providing patient with a pager so they may utilize their time more effectively. Continued monitoring over the first 6 months of this year demonstrated little improvement. Therefore, additional efforts were instituted to decrease the patient's perception of their wait time with the implementation of the "15 minute rule" by speaking with patients regarding their delay, constant discussion with the staff, administrative rounds through the reception area speaking with patients, and placards distributed through-